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APPLICANTS

Timothy Kershenstine JR., Metairie, LA;

** CONTINUING DATA *****

This appln claims benefit of 60/418,531 10/15/2002

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 01/14/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	LA	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	<i>mct</i> <i>mct</i> Examiner's Signature Initials		0	17	6

ADDRESS

27257
 THOMAS S. KEATY
 KEATY PROFESSIONAL LAW CORP.
 2140 WORLD TRADE CENTER
 NO. 2 CANAL STREET
 NEW ORLEANS , LA
 70130

TITLE

Herbal dietary supplement

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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